

<i>SERFF Tracking Number:</i>	<i>UNAM-125644074</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Union Bankers Insurance Company</i>	<i>State Tracking Number:</i>	<i>38949</i>
<i>Company Tracking Number:</i>	<i>UBIC STD 2008 AR</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS051.002 Plan B</i>
	<i>Standard Plans</i>		
<i>Product Name:</i>	<i>Individual Standard Medicare Supplement</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Union Bankers Insurance Company

Product Name: Individual Standard Medicare Supplement SERFF Tr Num: UNAM-125644074 State: ArkansasLH

TOI: MS051 Individual Medicare Supplement - Standard Plans SERFF Status: Closed State Tr Num: 38949

Sub-TOI: MS051.002 Plan B

Filing Type: Rate

Co Tr Num: UBIC STD 2008 AR

Co Status:

Authors: Carmen Boyd, Trudi
Goldenberg

Date Submitted: 05/12/2008

State Status: Approved-Closed

Reviewer(s): Stephanie Fowler

Disposition Date: 05/28/2008

Disposition Status: Approved

Implementation Date Requested: 08/01/2008

Implementation Date:

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 3%

Filing Status Changed: 05/28/2008

State Status Changed: 05/28/2008

Corresponding Filing Tracking Number:

Filing Description:

Union Bankers Insurance Company, NAIC #69701

3% rate increase on all Individual Standard Medicare Supplement plans

Form(s): MS-4 B, C, F, G

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

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TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.002 Plan B
Standard Plans
Product Name: Individual Standard Medicare Supplement
Project Name/Number: /

Company and Contact

Filing Contact Information

Carmen Boyd, cboyd@uafc.com
P.O. Box 958465 (407) 628-1776 [Phone]
Lake Mary, FL 32795-8465

Filing Company Information

Union Bankers Insurance Company CoCode: 69701 State of Domicile: Texas
1001 Heathrow Park Lane Group Code: 953 Company Type:
Suite 5001
Lake Mary, FL 32746 Group Name: State ID Number:
(407) 995-8000 ext. [Phone] FEIN Number: 75-0860066

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? Yes
Fee Explanation: \$100.00 TX retaliatory filing fee
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Union Bankers Insurance Company	\$100.00	05/12/2008	20273162

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Stephanie Fowler	05/28/2008	05/28/2008

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Disposition

Disposition Date: 05/28/2008

Implementation Date:

Status: Approved

Comment: We have approved the requested 3% rate increase for Plans B, C, F and G to be implemented on or after August 1, 2008. This approval is subject to the following:

1. Increases will not be given more frequently than once in a twelve-month period.

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Union Bankers Insurance Company	3.000%	\$1,047	13	\$34,888	3.000%	3.000%	3.000%

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	No
Rate	Ex A Current & Requested Rates	Approved	No

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Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	6.500%
Effective Date of Last Rate Revision:	08/01/2007
Filing Method of Last Filing:	Paper

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Union Bankers Insurance Company	3.000%	3.000%	\$1,047	13	\$34,888	3.000%	3.000%

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Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved	Ex A Current & Requested Rates	MS-4 B, C, F, G	New		AR Rates.pdf

Union Bankers Insurance Company

Actuarial Justification for A&H Rate Increase
Individual Medicare Supplement Standardized Plans

Exhibit A - Current and Requested Premium Rates

Current Premium Rates
Arkansas

	Annual	Semi-Annual	Quarterly	Monthly - Direct	Monthly - PAC
Standardized Plan B	3,135	1,646	831	298	274
Standardized Plan C	3,753	1,970	995	357	328
Standardized Plan F	3,499	1,837	927	332	306
Standardized Plan G	3,082	1,618	817	293	270

Mode Factors:

Annual = 1.0

Semi-Annual = .525

Quarterly = .265

Monthly Direct = .095 (Must be minimum of \$50)

PAC = .0875

Union Bankers Insurance Company

Actuarial Justification for A&H Rate Increase
Individual Medicare Supplement Standardized Plans

Exhibit A - Current and Requested Premium Rates

Requested Premium Rates
Arkansas

	Annual	Semi-Annual	Quarterly	Monthly - Direct	Monthly - PAC
Standardized Plan B	3,229	1,695	856	307	283
Standardized Plan C	3,866	2,030	1,024	367	338
Standardized Plan F	3,604	1,892	955	342	315
Standardized Plan G	3,175	1,667	841	302	278

Mode Factors:

Annual = 1.0

Semi-Annual = .525

Quarterly = .265

Monthly Direct = .095 (Must be minimum of \$50)

PAC = .0875